



DOCUMENT CHECKLIST FOR
PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF)
 INITIAL/CHOW APPLICATION

DOCUMENT	REFERENCE
FEE OF \$9,530 + \$62 PER BED	LCB file R046-14 Sect. 36
EVIDENCE OF ZONING APPROVAL (BUSINESS LICENSE, CONDITIONAL USE VERIFICATION FORM OR SPECIAL USE PERMIT) FROM THE LOCAL CITY OR COUNTY JURISDICTION	NAC 449.420
LEASE AGREEMENT (if applicable)	NAC 449.011
PARTNERSHIP AGREEMENT (if applicable)	NAC 449.011
ARTICLES OF INCORPORATION (for corporations only)	NAC 449.011
ARTICLES OF ORGANIZATION (for LLC's only)	
GOVERNING BODY BYLAWS (for corporations only)	NAC 449.011
OPERATING AGREEMENT (for LLC's only)	
*CERTIFICATE OF COMPLIANCE FROM STATE FIRE MARSHALL (DPBH will send a facility/agency inspection request to the State Fire Marshall (SFM) after the application and fee are submitted. After the SFM office completes their inspection, they will notify DPBH of the facility/agency's compliance)	NRS 449.0307
FLOOR PLAN	NRS 449.040
BILL OF SALE (for CHOW only)	NRS 449.040
8 X 11 PHOTOGRAPH OF THE FACILITY/AGENCY OR ESTIMATED DATE OF CONSTRUCTION COMPLETION	NRS 449.040
NEVADA STATE BUSINESS LICENSE PROOF OF ACTIVE STATUS	NAC 449.420
*APPLICANT/ LICENSEE CRIMINAL BACKGROUND CHECK REPORTS FROM THE DEPARTMENT OF PUBLIC SAFETY (DPS) - THIS INCLUDES ALL CORPORATE OFFICERS (Refer to the HCQC website and application packet for instructions regarding fingerprinting)	NRS 449.122
PROOF OF ACCREDITATION	NAC 449.4145
PERMIT FOR KITCHEN	LCB File R046-14 Sec. 21

When submitting your application, you MUST turn in all of the required documents your application will be considered incomplete.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE